

TRAVEL ADVANCE REQUEST

Name (Last, First MI):		SSN:	Rank:
Mode of Travel: (POC, GTR, etc.)	Est. Detach Date:	Est. Report Date:	Order Number:
Member is Authorized: <input type="checkbox"/> CMR <input type="checkbox"/> GMR <input type="checkbox"/> PMR Notes: (1) CMR is paid unless the orders direct GMR or PMR when assigned Government quarters on the U.S. installation where assigned, with the exception of Annual Training Duty (AT). (2) Commercial quarters require a certificate of non-availability from CBQ.			Class Start Date: Class Grad Date:
Cost of lodging Per Day:		Location:	

Check type of orders you are requesting an ADVANCE for:

<input type="checkbox"/>	Permanent Change of Station (PCS)	_____→	(A,B,C,D,H,I)	} Type of advances each is eligible for
<input type="checkbox"/>	Travel via POC Shipping Port	_____		
or				
<input type="checkbox"/>	Travel via Old PDS Location	_____		
			(City and State)	
<input type="checkbox"/>	Temporary Duty (TDY/AT/ADT/IDTT/ADSW)	_____→	(A,E,F,G)	
<input type="checkbox"/>	Retirement	_____→	(A,B,C,D)	
<input type="checkbox"/>	Separations/Discharge greater than 90%	_____→	(A,B,C,D)	
<input type="checkbox"/>	Separation/Discharge less than 90 % (least expense mode) Example: Bus Fare	_____→		

Check type of advance requesting: (see above eligibility)

<input type="checkbox"/> A. Member POC Mileage	<input type="checkbox"/> F. Rental Vehicle (CTO endorsement required)
<input type="checkbox"/> B. Member PCS Flat Per Diem	<input type="checkbox"/> G. Registration Fees
<input type="checkbox"/> C. Dependent POC Mileage	<input type="checkbox"/> H. Dependent Dislocation Allowance (DLA)
<input type="checkbox"/> D. Dependent PCS Flat Per Diem	<input type="checkbox"/> Note: Copy of NAVPERS 1070/602R (Page 2) is required.
<input type="checkbox"/> E. TDY Per Diem	<input type="checkbox"/> I. Single Dislocation Allowance (DLA)

Complete if A, B, C, and/or D selected above

[illegible]

TRAVEL ADVANCE REQUEST

Complete if I selected above (Singe DLA)

Check Appropriate Box

☐

E6 and below: Entitlement for the advance will be approved once it has been established that Government quarters WILL NOT be assigned at the new permanent duty station. You must obtain this certification from your ultimate DUTY station.

☐

E7 and above: I certify that in conjunction with my reassignment to _____ That I do not intend to occupy Government quarters under the authority set forth in 37 U.S.C. 403(B), as amended. I understand that if Government quarters are permanently assigned. I will be required to repay the advance immediately.

Complete if A, B, C, D, H, and/or I selected above

Member Certification: I certify that I intend to travel and/or relocate my dependents from (city and state) _____ to _____ on or about (date) _____. I and/or my dependents will establish a bonafide residence in connection with my PCS , Separation/Discharge, and/or Retirement. If I do not move my dependents within 60 days from the reporting date, the advance **DLA** will be collected immediately.

Privacy Act Statement

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL-93-579) that requires that federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts. The principle purpose is to provide information required to legally pay advances to Navy personnel. Routine use: Member provides information about PCS, TDY, Separation, Discharge, and/or Retirement travel. The Disbursing Officer verifies entitlements and pay requested travel advances. Disclosure of information is voluntary. If a member does not provide the requested information payment will not be made.

I understand that in the event my entitlement is less than the travel advanced, the difference is a collectable indebtedness due the government and shall be collected immediately.

Signature of Member

Date